6/16/2020

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOMA, L.C.

Certificate of Status	0
Certified Copy	1
Page Count	07
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida De	epartment of		
State: BOMA, L.C.		<u></u>		
Enter new principal office address, if applicable:	14098 S Deer Trail Lane			
(Principal office address MUST BE A STREET ADDRESS)	Draper, UT 84020			
Enter new mailing address, if applicable:	14098 S Deer Trail Lane	L MUR		
(Mailing address MAY BE A POST OFFICE BOX)	Draper, UT 84020			
2. The Florida document number of this limited lie	ability company is: M05000002	353 5 2		
Jurisdiction of its organization: <u>Utah</u>				
4. Date authorized to do business in Florida: 04-	27-2005			
SECTION II (5-9 complete only the applicable	changes)			
5. New name of the limited liability company: B (mus	OMA LC LLC st contain "Limited Liability Con	npany, ""L.L.C.," or "L.L.C.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members adopting the all	usiness in Florida and attach a cernate name. The alternate name		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records address here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Floride	i Street Address		
	, Florida			
_	City	Zip Code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the prope and accept the obligations of my position as regisdocument is being filed to merely reflect a change liability company has been notified in writing of the state of th	ent and agree to act in this capac r and complete performance of m stered agent as provided for in Ci e in the registered office address,	hapter 605, F.S. Or, if this		

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:								
Fitle/ Capacity	<u>Name</u>	Address	Type of Action					
			□Add					
			□Remov					
			□Add					
			□Remov					
			□ Remor					
aforementioned as	the law of which this entity is org	by the official having custody of recor	□Remo ds in the					

.,,...,

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF CONVERSION OF AN UTAH LIMITED LIABILITY

COMPANY UNDER THE NAME OF 'BOMA, L.C.' TO A DELAWARE LIMITED

LIABILITY COMPANY, CHANGING ITS NAME FROM "BOMA, L.C." TO "BOMA LC

LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF MAY, A.D. 2020, AT

12:31 O'CLOCK P.M.



Authentication: 202862281

Date: 05-01-20

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is: Utah.
- 2.) The jurisdiction immediately prior to filing this Certificate is: Utah.
- 3.) The date the Non-Delaware Limited Liability Company first formed is: January 10, 1996.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is: BOMA, L.C..
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is BOMALCLLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate on May 1 2020.

Authorized Person

Name: Kory Reimann
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:31 PM 05/01/2020
FILED 12:31 PM 05/01/2020
SR 20203347168 File Number 7954314

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF BOMA LC LLC FILED IN THIS OFFICE ON THE FIRST DAY OF MAY, A.D. 2020, AT 12:31 O'CLOCK P.M.

Authentication: 202862281

Date: 05-01-20

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

- 1. The name of the limited liability company is: BOMA:LC:LLC
- 2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is National Registered Agents, Inc.

The undersigned hereby declares, under penalty of perjury, according to the laws of Delaware, that the foregoing is true and correct.

Dated: May 1 . 2020

Authorized Person

Name: Kory Reimann
Print or Type